

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047202

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1952

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED DEC 26 1963

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

POPLAR BLUFF

Length of stay in lb

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

POPLAR BLUFF Hosp.

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Missouri BUTLER

c. CITY
OR TOWN

RURAL Route 5

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

10 Mi. S. of Poplar Bluff

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BARNEY

WARREN

MCCAIN

4. DATE
OF DEATH

Month

Day

Year

DEC. 11 - 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-6-1895

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

CARTER Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILL McCAIN

13b. MOTHER'S MAIDEN NAME

ARTA MISS KELLY

14. NAME OF HUSBAND OR WIFE

MADAMA WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
MRS. MADAMA McCAIN - Poplar Bluff
Rt. # 518. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular accident

INTERVAL BETWEEN
ONSET AND DEATH

86 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-10-1963 to 12-11-1963 and last saw him alive on 12-11-1963

Death occurred at 12:10A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William J. Zimmerman

22b. ADDRESS 215 Oak Street

215 Oak Poplar Bluff, Mo.

22c. DATE SIGNED

12/11/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

12-12-1963

23c. NAME OF CEMETERY OR CREMATORY

KINSEY CEM.

23d. LOCATION (City, town, or county)

BUTLER Co., Missouri

24. FUNERAL DIRECTOR

PARENT FUNERAL HOME - NAYLOR, Mo. 12-18-1963

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 17 1964

DEC 27 1963

JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.